



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

Contract No.:  
**CTR067930**

IGA Amendment No.: One (1)

Procurement Officer  
**Kailee Gray**

### WIC AND BFPC SERVICES

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1., Amendments, the following revision is made under this Amendment One (1):
  - 1.1. The Price Sheet is hereby revised and replaced.
  - 1.2. Exhibit A – 2 CFR 200.332 is revised and replaced.
  - 1.3. Exhibit B – 2 CFR 200.332 is revised and replaced.

ALL CHANGES ARE REFLECTED IN **RED**

**All other provisions of this agreement remain unchanged.**

**Cochise County Health & Social Services**

Contractor Name:

*Tom Crosby*  
Authorized Signature

**1415 Melody Lane, Bldg. A**

Address:

*Tom Crosby*  
Print Name

**Bisbee**

**AZ**

**85603**

City

State

Zip

*Acting Chairperson*  
Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

*Denise Riden*

November 21, 2024

Signature

Date

State of Arizona

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

**Deputy County Attorney, Cochise County**

Print Name

Procurement Officer

Contract No.: **CTR067930**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

**Alice Perepech**

Digitally signed by Alice Perepech  
DN: cn=Alice Perepech, o=Arizona Attorney General's  
Office, email=Alice.Perepech@azag.gov, c=US  
Date: 2024.12.12 14:08:11 -07'00'

Signature

Date

**Gina Corwin**

Digitally signed  
by Gina Corwin  
Date:  
2024.12.17  
13:39:04 -07'00'

Print Name

Assistant Attorney General



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**PRICE SHEET**

October 1, **2024** to September 30, **2025**

Agency Name: **County of Cochise, Department of Public Health**

**Cost Reimbursement Line Item Budget**

**WIC Services**

**Federal Award Date: October 1, 2024**

**CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children**

<b>WIC Services Account Classification</b>	<b>Amount</b>
Personnel Expenses*	<b>\$470,328.00</b>
Employee Related Expenses*	<b>\$159,631.00</b>
Professional & Outside Services*	<b>\$4,000.00</b>
Travel Expense*	<b>\$11,053.00</b>
Occupancy Expenses	<b>\$0.00</b>
Other Operating Expenses*	<b>\$14,900.00</b>
Capital Outlay Expenses	<b>\$0.00</b>
Indirect Costs* (2.5%)	<b>\$16,498.00</b>
<b>Total</b>	<b>\$676,410.00</b>

**Breastfeeding Peer Counseling Services**

**Federal Award Date: October 1, 2024**

**CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children**

<b>Breastfeeding Peer Counseling Services Account Classification</b>	<b>Amount</b>
Personnel Expenses	<b>\$42,484.00</b>
Employee Related Expenses	<b>\$15,588.00</b>
Professional & Outside Services	<b>\$2,800.00</b>
Travel Expense	<b>\$1,229.00</b>
Occupancy Expenses	<b>\$0.00</b>
Other Operating Expenses	<b>\$1,723.00</b>
Capital Outlay Expenses	<b>\$0.00</b>
Indirect Costs* (0%)	<b>\$0.00</b>
<b>Total</b>	<b>\$63,824.00</b>

	<b>INTERGOVERNMENTAL AGREEMENT (IGA)</b> <b>Amendment</b>		<b>ARIZONA DEPARTMENT  OF HEALTH SERVICES</b> 150 18 <sup>th</sup> Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: <b>CTR067930</b>	IGA Amendment No.: One (1)	Procurement Officer <b>Kailee Gray</b>

**Additional Terms and Conditions:**

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

ADHS reserves the right to adjust awards given to local agencies depending on federal dollars received. Adjustments will be at the discretion of ADHS.

\*Indicated indirect rate calculation

**Additional WIC Program:**

Should additional administrative monies become available through state or federal grants, ADHS may increase the purchase order to increase the number of participants served and increase the total of this contract.

The assigned caseload for FFY 2025 is: 3,080



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**Exhibit A - 2 CFR 200.332**

**Exhibit - 2 CFR 200.332**

**§ 200.332**

**Requirements for pass-through entities. All pass-through entities must:**

**(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.**

<b>Prime Awardee:</b>	<b>Arizona Department of Health Services</b>
<b>UEI#</b>	<b>QMWUG1AMYF65</b>
<b>Federal Award Identification (Grant Number):</b>	<b>216AZ008W1003</b>
<b>Subrecipient name (which must match the name associated with its unique entity identifier):</b>	<b>Cochise County Health and Social Services</b>
<b>Subrecipient's unique entity identifier (DUNS #):</b>	<b>20126041</b>
<b>Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):</b>	<b>216AZ008W1003</b>
<b>Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;</b>	<b>10/1/2024</b>
<b>Subaward Period of Performance Start and End Date;</b>	<b>10/01/2024-9/30/2025</b>
<b>Subaward Budget Period Start and End Date:</b>	<b>10/01/2024-9/30/2025</b>
<b>Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):</b>	<b>\$676,410.00</b>
<b>Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):</b>	<b>\$676,410.00</b>
<b>Total Amount of the Federal Award committed to the subrecipient by the pass-through entity</b>	<b>\$676,410.00</b>
<b>Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)</b>	<b>Arizona local implementation of the WIC Special Supplemental Nutrition Program for Women, Infants, and Children</b>
<b>Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity</b>	<b>United States Department of Agriculture, FNS Southwest Regional Office, Food and Nutrition Service, 1100 Commerce Street Room 522, Dallas, TX 75242-9980, Telephone: (214)</b>



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	290-9810
<b>Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:</b>	10.557 WIC Special Supplemental Nutrition Program for Women, Infants, and Children
<b>Identification of whether the award is R&amp;D</b>	Not R&D award
<b>Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414</b>	2.5%



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**Exhibit B - 2 CFR 200.332**

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**§ 200.332**

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<b>UEI#</b>	<b>QMWUG1AMYF65</b>
<b>Federal Award Identification (Grant Number):</b>	206AZ002W5003
<b>Subrecipient name (which must match the name associated with its unique entity identifier):</b>	Cochise County Health and Social Services
<b>Subrecipient's unique entity identifier (DUNS #):</b>	20126041
<b>Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):</b>	206AZ002W5003
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<b>Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)</b>	Arizona local implementation of the Breastfeeding and Peer Counseling Program
<b>Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity</b>	United States Department of Agriculture, FNS Southwest Regional Office, Food and Nutrition Service, 1100 Commerce Street Room 522, Dallas, TX 75242-9980, Telephone: (214)



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<b>Identification of whether the award is R&amp;D</b>	Not R&D award
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